

Wednesday, November 2nd, 2011

Dear Parents,

The school has been notified that a child from Level 4 (grade 5 and 6) has been diagnosed with Pertussis (Whooping Cough). This condition is highly contagious and children with Pertussis are excluded from school until appropriate treatment has commenced.

Some general information, sourced from the Royal Children's Hospital website, is provided below and I urge parents to read it carefully. If your child is not immunised for Pertussis (Whooping Cough), or if it is several years since their last vaccination, it may be advisable to check with your family doctor as to the need to update vaccinations for adults and children.

If you require further information, a useful web link is provided below.

What is Pertussis (Whooping Cough)?

- Whooping cough is a respiratory infection (infection of the lungs) which causes long bursts of coughing. The infection is caused by bacteria called *Bordetella pertussis*. *Pertussis* is another name for whooping cough.
- Whooping cough infection is widespread in the community and in some years can occur at an epidemic rate. Since late 2008 the number of notifications and hospitalisations of infants with whooping cough has continued to rise.
- Whooping cough is very easy to catch. It is spread by tiny drops of fluid when coughing and sneezing. It can also be spread on hands to the nose if the hands have come in contact with the bacteria.
- Seventy percent to 100% of people living in the same house as a person with whooping cough are usually infected.
- It is particularly serious in babies under 6 months of age. They will usually need to be admitted to hospital. Children and adults can also get it. Most children and adults do not need to be hospitalised with whooping cough, but may cough for many weeks.
- There is an immunisation for whooping cough. Children who have been immunised can still get whooping cough but it is usually not so serious.

Signs and symptoms

- Whooping cough usually starts with symptoms like a cold, such as a runny nose and dry cough, which last for about one week.
- After that, a more definite cough develops, which may last for many weeks. The cough comes in long spells and often ends with a high pitched 'whoop' sound when they breathe in.
- Some children cough so much they vomit afterwards.
- Children are usually well between coughing spells.
- In more severe cases, babies and children may have problems catching their breath after a coughing spasm.
- Other infections such as pneumonia (chest infection) and middle ear infections are common.
- Very young babies under six months of age may have pauses in breathing (called apnoeas) instead of a cough.

Treatment

The type of treatment depends on many things including:

- the age of your child
- how severe the symptoms are
- how long your child has had the symptoms

As whooping cough is most severe in young babies, they are more likely to be admitted to hospital to be watched closely. Older children who are quite unwell also usually need to stay in hospital. The time it takes to get better is different for each child.

Antibiotics

Your doctor may prescribe antibiotics for your child, but these are not always necessary. Treatment with antibiotics reduces the amount of time your child is infectious (to 5 days or less). If your child has been coughing for more than 3 weeks, they are no longer infectious. In these cases, antibiotics are not usually needed.

Going to school

Your child should not attend school or day-care:

- for 3 weeks from the start of the cough, if no antibiotics are given
- until they have had at least five days of their course of antibiotics.

If there is an outbreak of whooping cough and your child is not immunised, then they will have to stay away from kindergarten or school for three weeks or until the outbreak settles. Seek medical advice.

Treatment of contacts

- Whooping cough is easily spread. Often other family members or close contacts also have the infection.
- Whooping cough is infectious just before and for three weeks after the start of the cough. If your child is given antibiotics, they can still spread the infection until they have had five days of antibiotics.
- Antibiotics should be given to anyone living in the same house or who has had very close contact with your child while your child was infectious. These include women in the last month of pregnancy and babies less than a month of age.

Further information is available in the "Fact Sheets" section at www.rch.org.au/kidsinfo

Yours Sincerely

Meredith Carracher